MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-R)

CERTIFICATE OF DEATH

11971

Reg. Dist. No. 106

1. PLACE OF DEATH:
County Charles
City or town Pomonkey
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: /
Stay in hospital or inst. (yrs., or mos., or days) ---
Stay in this community (yrs., or mos., or days) ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Pomonkey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. / (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Grant Alexander Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Maggie Alexander
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb. ? 1868

8. AGE: Years 71 | Months 10 | Days ? | If less than one day ---hrs. ---min.

9. Birthplace Pomonkey (Town, county, and state)
10. Usual occupation Retired Laborer
11. Industry or business U.S. Naval Powder Factory, Indian Head, Md.

FATHER
12. Name Grant Alexander
13. Birthplace Charles County. Md

MOTHER
14. Maiden name Cecilia Key
15. Birthplace Charles County. Md.

16. Informant Wife (Maggie Alexander)
Address Pomonkey Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29. 1939 (month) (day) (year)
Cemetery or crematory Metropolitan M.E Church Cemetery
Location Pomonkey. Md
18. Funeral director Mathews & Barnes
Address Washington, D.C.

19. 12-26 1939 (Date rec'd by registrar) Maynard E. Ransome Deputy Clerk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased [redacted] on Dec. 26, 1939 [redacted], to ---, 19---, and that I [redacted] saw him [redacted] on Dec 26, 1939

Immediate cause of death	Coronary Thrombosis	DURATION ?
Due to	Chronic hypertensive heart disease	3 yrs
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations None performed
Of autopsy None performed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of ---
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury Injured at work?

23. SIGNATURE Deputy Medical Examiner James L. MacKenzie, M.D. M. D. or other
Address La Plata, Md. Date signed 12-26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11972

Reg. Dist. No. 4 U 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Waldorf
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Now - but place of business or scene of death past 3 or 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Dist. of Col. County: —

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3318 - So. Dakota Ave., N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War ✓

3. (a) FULL NAME: Clark Marion Boswell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ruby Boswell (nee Smith)

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): February 29, 1886 or (?) (Not a leap year)

8. AGE:

Years	Months	Days	If less than one day
53	10	2	____ hrs. ____ min.

9. Birthplace: Accoceek, Pr. Geo. Co., Md.
(Town, county, and state)

10. Usual occupation: Hotel owner

11. Industry or business: Spring Lake Hotel (roadside); nr. Waldorf, Md

FATHER
12. Name: Joseph Boswell
13. Birthplace: Accoceek, Pr. Geo Co., Md.

MOTHER
14. Maiden name: Anne ——
15. Birthplace: Accoceek, Pr. Geo Co., Md

16. Informant: Daniel Boswell (Brother)

Address: 3318 - So. Dakota Ave., N.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1939 (month) (day) (year)

Cemetery or crematory: ——

Location: Washington, D.C.

18. Funeral director: Harry L. Glye

Address: 1009-H St. N.W. — D.C.

19. 12/31 (Date rec'd by registrar) 1939 D. L. Mowbray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 31, 1939, at 3:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Dec. 31, 1939, ~~to~~ ~~19~~; and that I ~~last~~ saw him ~~alive~~ on Dec. 31, 1939.

Immediate cause of death	DURATION
Cerebral concussion	10 min.
Due to: Automobile accident	
Due to:	
Other conditions: Fractured right wrist and thigh	10 min.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 12-31-39

Where did injury occur? Rural nr. Waldorf, Charles, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): State Highway

Means of injury: Automobile hit culvert Injured at work? No

23. SIGNATURE: James L. MacKaye, M.D., Deputy Medical Examiner (M. D. or other)

Address: La Plata, Md. Date signed: 12-31-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11973

1. PLACE OF DEATH 1860

County Charles Registration Dist. No. 108

Village or City Bryantown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Queen Bowling

(a) Residence: No. St., Ward,

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bowling

6. DATE OF BIRTH (month, day, and year) Dec 29 1844

7. AGE Years 94 Months 11 Days 27 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupetion (month end year) All life

11. Total time (years) spent in this occupation 94 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alex Queen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cecelia Lancaster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Earl Farrall Waldorf Md

18. BURIAL, CREMATION, OR REMOVAL Place St Mary Ch Date Dec 27, 1939

19. UNDERTAKER (Address) Hunt & Ryon Waldorf Md

20. FILED 12/25/39, 19 Eva Chappellear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 25 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to Dec 25, 1939

I last saw her alive on Dec 25, 1939; death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia (Hypostatic)

Date of onset

Other Contributory Causes of importance: Injuries due to a fall down staircase (accident)

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F D Chappellear M. D.

(Address) Hughesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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BUREAU A. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11974

1074

1. PLACE OF DEATH

County Charles Registration Dist. No. 100

Village or City Bel Alton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Ignatius Butler

(a) Residence: No. Bel Alton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, dey, and year) May 27 1939

7. AGE Years	Months	Days	If LESS then 1 dey, hrs. or min.
	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Bel Alton
(State or country) Maryland

FATHER

13. NAME Ernest Joseph Butler

14. BIRTHPLACE (city or town) St Marys Co.
(State or country)

MOTHER

15. MAIDEN NAME Mary Alice Thomas

16. BIRTHPLACE (city or town) Bel Alton
(State or country) Maryland

17. INFORMANT Mary A. Butler
(Address) Bel Alton Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas Cemetery Date 12-5, 1939

19. UNDERTAKER Joseph Butler acting
(Address) Bel Alton Md

20. FILED Dec 5, 1939 M D Hayden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1939, to Dec 3rd, 1939

I last saw h in alive on Dec 2nd, 1939; death is said to have occurred on the date stated above, at 11:50 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related ceuses of Importance were as follows:

	Date of onset
Bronchopneumonia; primary	Dec 2nd
There was no associated disease	
Cause	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) Ernest Spann Jr. M. D.

(Address) Bel Alton

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

CERTIFICATE OF DEATH

11975

Reg. Dist. No.

1. PLACE OF DEATH:
County Charles
City or town La Plata Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. west of La Plata
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Day.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1873

8. AGE:

Years	Months	Days	If less than one day
64	11	27	hrs. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business Farming.

FATHER
12. Name William Day
13. Birthplace Maryland.

MOTHER
14. Maiden name Mary Cheney.
15. Birthplace Maryland.

16. Informant Jennie Proctor.
Address La Plata Md.

17. Burial Date thereof Dec. 21 1939
(Burial, cremation, or removal—Which?) (month) (day) (year)
Cemetery or crematory Olivet
Location Pisgah Md.
18. Funeral director Stanley Penny
Address Pisgah Md.

19. Dec 21st 1939 Lillian Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 17 1939, to 19
and that I last saw him alive on Dec 17 1939 19

Immediate cause of death	DURATION
Cerebral Apoplexy.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Geo. O. Bicknell M. D. or other
Address Marbury Md. Date signed Dec 21 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11976

Reg. Dist. No. 102

1. PLACE OF DEATH:
County Charles
City or town Doncaster.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles J. Gilroy.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married.

6 (b) Name of husband or wife Dora B. Gilroy
6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 5 1868

8. AGE: Years	Months	Days	If less than one day
71	5 mos	17	hrs. min.

9. Birthplace Doncaster Md.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name Charles E. Gilroy.
13. Birthplace Doncaster Md.

MOTHER
14. Maiden name Louise Southerland.
15. Birthplace Charles Co. Md.

16. Informant Julian M. Gilroy.
Address Norfolk, Va.

17. Burial Date thereof Dec. 24 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Nazarene Cemetery.
Location Pokojak Md.
18. Funeral director Hebert & Ryon.
Address Waldorf, Md.

19 Dec 23 19 39 John J. Mudd Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 19 39, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to Dec 22 19 39, and that I last saw him alive on Dec. 20 19 39.

Immediate cause of death	DURATION
Chr. Valvular Heart Disease.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.
M. D. or other
Address Marlboro, Md. Date signed Dec 23, 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11977

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles.

City or town: Grayton.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Grayton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Fannie T. Gray.

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: George W. Gray

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct 9, 1861

8. AGE: Years: 78 Months: 2 Days: — If less than one day: ____ hrs. ____ min.

9. Birthplace: Farmville - Virginia.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER
12. Name: Thos. J. Davis.
13. Birthplace: Prince Edward Co. Va.

MOTHER
14. Maiden name: Mary F. Chandler.
15. Birthplace: Carbline Co. Va.

16. Informant: Paul Gray.
Address: Grayton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10 1939 (month) (day) (year)

Cemetery or crematory: Durham Church.

Location: Ironsides, Md.

18. Funeral director: Hunt & Ryon.

Address: Waldorf Md.

19. Dec 9 1939 (Date rec'd by registrar) John J. Maddox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1920, to ____ 1939, and that I last saw her alive on Dec 1939.

Immediate cause of death: Arteriosclerosis. Cerebral Apoplexy. — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: George C. Bidwell MD
M. D. or other

Address: Marbury Md Date signed Dec 9 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

11978

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Rural near La Plata, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 14 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near La Plata, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: John Wesley Kershaw

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Ella Kershaw

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): June 19, 1890

8. AGE: Years: 49 Months: 6 Days: 8 If less than one day: hrs. min.

9. Birthplace: Horatio, Sumter County, So. Carolina
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Friday Kershaw
13. Birthplace: Sumter Co., So. Carolina

MOTHER
14. Maiden name: Sylvia ——
15. Birthplace: Sumter Co., So Carolina

16. Informant: Ella Kershaw (wife),
Address: 749- Harvard St. N.W.

17. (Burial, cremation, or removal. Which?) Date thereof: Jan. 2, 1940 (month) (day) (year)

Cemetery or crematory: Arlington Nat'l. Cem.

Location:

18. Funeral director: Thomas Frazier
Address: 389 Rhode Island Ave. N. W.

19. 39 Dec. 29th 1939 Lillian V. Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27 1939, at 12:01 — to 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Dec. 27, 1939, ~~to~~ ~~19~~, and that I ~~last~~ saw him ~~alive~~ on Dec. 27, 1939.

Immediate cause of death: Gunshot wound of brain

Due to: Suicide

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

DURATION: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: Dec. 27, 1939

Where did injury occur? La Plata (City or town) Charles (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: .22 rifle Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D. Deputy Medical Examiner
M. D. or other

Address: La Plata, Md Date signed: 12-29-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

12494

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (107-a)

County Charles Registration Dist. No. 103

Village or City La Plata, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph Leon Livers If U. S. Veteran, specify WAR

(a) Residence: No. Hicomico, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 23, 1938

7. AGE Years 1 Months 1 Days 27 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Baby

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hicomico (State or country)

FATHER

13. NAME James Leon Livers

14. BIRTHPLACE (city or town) Hicomico (State or country)

MOTHER

15. MAIDEN NAME Alice Catherine Thomas

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT James Leon Livers (Address) Hicomico.

18. BURIAL, CREMATION, OR REMOVAL Place Newport, Md Date Dec 21, 1939

19. UNDERTAKER James Leon Livers (Address) Hicomico Md

20. FILED Dec. 20, 1939. J. P. Tippett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1939, to Dec 20, 1939

I last saw him alive on Dec 19, 1939; death is said to have occurred on the date stated above, at 10 30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Broncho Pneumonia Primary.

Duration: One week. C.W.G.R.

Other Contributory Causes of importance:

There was no associated disease.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Edelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11979

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Billingsley md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Charles
City or town Billingsley md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lunford Long Luna

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ollie Butler Luna
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15-1866

8. AGE: Years	Months	Days	If less than one day
73		20	hrs. min.

9. Birthplace Ashland miss
(Town, county, and state)

10. Usual occupation

11. Industry or business Merchant

FATHER
12. Name Curran Pat Luna
13. Birthplace Tenn

MOTHER
14. Maiden name Martha Butler
15. Birthplace Mississipi

16. Informant Ollie Butler Luna
Address Billingsley Md

17. Burial Date thereof 12-7-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery ~~or crematory~~ St Paul Piney
Location Waldorf Md

18. Funeral director Hunt & Ryon
Address Waldorf Md

19. 12: 6 1939 M. L Mowrk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1939, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/15 1939, to Dec 4 1939 and that I last saw him alive on 12/4 1939

Immediate cause of death	OURATION
Cardiac decompensation	
Due to Cardio Vascular	
Due to Renal disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. P. Weber, M.D.
M. D. or other
Address Waldorf, Md. Date signed 12/6/39

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11980

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (157-C)

County Charles — Registration Dist. No. 100

Village or City Newtown — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Eleanor Mason — If U. S. Veteran, specify WAR ____

(a) Residence: No. Newtown, Md. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 9, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Newtown (State or country) Char Co. Md.

FATHER

13. NAME John Mason

14. BIRTHPLACE (city or town) La Plata (State or country) Md.

MOTHER

15. MAIDEN NAME Dorothy Smith

16. BIRTHPLACE (city or town) La Plata (State or country) Md.

17. INFORMANT Mother (Address) ____

18. BURIAL, CREMATION, OR REMOVAL Place Newton M. E. Chd. Date Dec 12, 1939

19. UNDERTAKER John Mason (Father) (Address) La Plata Md Acting

20. FILED Dec 11, 1939 Lillian Posey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 2, 1939, to Dec 10, 1939

I last saw her alive on Dec 9, 1939; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-2-39
Other Contributory Causes of importance: Patent foramen ovale	birth
Malnutrition	
Congenital Heart Disease	
Bilateral Opthalmitis	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) E. Medelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11981

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (103)

County Charles Registration Dist. No. 100

Village or City La Plata, Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Michael (If veteran, specify WAR)

(a) Residence: No. La Plata St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Washington Michael

6. DATE OF BIRTH (month, day, and year) Feb. 11 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lovettsville, Va

FATHER

13. NAME Samuel Compher

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Maurice Michael (Address) La Plata, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hills Cem. Date 12-23-1939

19. UNDERTAKER Low Chandler Co (Address) Wash. D.C.

20. FILED Dec 20, 1939 Lillian V. Posey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 20 (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 17, 1939 to Dec. 20, 1939

I last saw her alive on Dec. 20, 1939; death is said to have occurred on the date stated above, at 12 35 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-17-39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Pedeley M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11982

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: White Plains Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Charles

City or town: White Plains Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frank Robey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 28 - 1867

8. AGE: Years 72 Months 6 Days 21 If less than one day hrs. min.

9. Birthplace: White Plains Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farmer

FATHER

12. Name: Samuel H Robey

13. Birthplace: White Plains Md

MOTHER

14. Maiden name: Ann L Murray

15. Birthplace: White Plains Md

16. Informant: Sermon Robey

Address: White Plains Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec 20-39 (month) (day) (year)

Cemetery or crematory: Piney

Location: Waldorf Md

18. Funeral director: Hiritt & Ryon

Address: Waldorf Md

19. Dec 19 1939 (Date rec'd by registrar) M. L. Monroe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to Dec 1939, and that I last saw him alive on 12/15 1939.

Immediate cause of death: Heart failure

Due to: Cardio-Vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. S. Walker, M. D. M. D. or other

Address: Waldorf, Md Date signed 12/20/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

11983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Pisgah
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Sarah V. Ross

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Cld
6. (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Charles Wm. Ross
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1859
8. AGE: Years: 80 | Months: — | Days: — | If less than one day: ____ hrs. ____ min.
9. Birthplace: Charles Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER
12. Name: Hillery Hurd.
13. Birthplace: Charles Co. Md.
MOTHER
14. Maiden name: Chloe Ann Wallace
15. Birthplace: Charles Co. Md.
16. Informant: Savannah Hackerson
Address: Pisgah, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 1, 1940 (month) (day) (year)
Cemetery or crematory: Smith's Chapel
Location: Pisgah, Md
18. Funeral director: Stanley Penny
Address: Pisgah, Md
19. Dec. 31 1939 (Date rec'd by registrar) Mary Southerland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1939, at 9P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. — 1939, to Dec 1939, and that I last saw her alive on Dec. 1939.

Immediate cause of death: Arteriosclerosis. Chr. Myocarditis.
Due to: Chr. Bronchitis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Geo C. Bickwell Md
M. D. or other
Address: Marbury Md Date signed: Jan 3/0 1940

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1940
BUREAU V. S.